



# Part Time Staff & Volunteer Health Form

*Expires one year from date completed.*

Date Completed: \_\_\_\_\_

Section 1	Personal Information			
Name			Date of Birth	
Street Address		City	State	Zip Code
Home Phone	Cell Phone		Email	

Section 2	Emergency Contacts		
Contact One		Relationship	
Home Phone	Cell Phone	Work Phone	
Contact Two		Relationship	
Home Phone	Cell Phone	Work Phone	

Section 3	Health Issues		
In case of an emergency, do you have any of the following that we need to be aware of?			
	Yes	No	Comments
Existing Medical Conditions			
Allergies			
Medications <i>(including over the counter)</i>			
I certify that all of the information indicated on the Health Form is complete and accurate.			
_____ Signature		_____ Date	
_____ Guardian Signature if under 18		_____ Date	

Health information on this form is **CONFIDENTIAL** and will **ONLY** be shared with Recreation Staff.